WORK RELEASE FOR CONSTRUCTION/SERVICE ORGANIZATIONS							
1. 1	Date:	2. Shift:	☐ Days ☐ Swing ☐ Weekends	3. Building/Area:	4. W	4. Work Package / Project No.:	
5. Point of Contact for Contractor/Service Organization:					·	6. Phone No.:	
7. Job/Work Scope and Description:							
8. Support Required (Operator, RCT, Others):							
9. Special Requirements (such as health, safety, or lock and tag) for Work Release by work Area Release Authority:							
10. Contractor/Service Organization Pre-Release Review:							
_	Print First and Last Name			Signature / Date			
11.	Site Visit No. or N/A:		12. CWAE Yes	s No NA	13. Excavation F	Permit No. or N/A:	
14.	Lockout No.:						
15.	Work Area Release Autho	rity:					
Print First and Last Name					Signature / Date	Signature / Date	
16. Beginning and End of Shift Status, Including Work Complete and /Cleanup (Provide Release Authority prior to shift change):							
17.	. Duration Dates: Start:			Complete:			
18.	. Lockout Removed: Yes No N/A			19. Work Area Owner/Operations End of Shift:			
20. DISTRIBUTION: Work Area Owner/Operations and Field Copy							